

# City of Clear Lake Shores

1006 South Shore Drive Clear Lake Shores, Texas 77565 Phone: 281-334-2799 Fax: 281-334-2866 www.clearlakeshores-tx.gov

#### SHORT TERM RENTAL PERMIT APPLICATION

BUSINESS/APPLICANT NAME:		RENTAL ADDRESS:	
OWNERSHIP TYPE:	☐ SOLE PROPRIETORSHIP☐ GENERAL PARTNERSHIP	☐ CORPORATION ☐ OTHER ☐ LLC/LLP	
BUSINESS START DATE:		FEIN:	
TX TAX ID:			
LOCAL CONTACT:		PHONE:	
OWNER			
OWNER NAME:		PHONE:	
MAILING ADDRESS:		EMAIL:	
PROPERTY MANAGE	MENT COMPANY		
COMPANY NAME:		CONTACT NAME:	
MAILING ADDRESS:		PHONE:	
		EMAIL:	
ZONING			
ZONING DISTRICT:		SIZE OF PROPERTY/PARCEL:	
SIZE OF HOUSE:		NUMBER OF BEDROOMS:	
PROPOSED DAYTIME OCCUPANCY:		PROPOSED OVERNIGHT OCCUPANCY:	
NUMBER OF UNITS: _	MAX	. OCCUPANCY OF EACH UNIT:	
LOCATION OF PARKIN	NG:		
	FOOD SERVICE TO BE PROVIDEI guests, the owner/manager shall successfull	O:	
IF THE STR IS LOCATE	ED IN R1 ZONING, IS IT THE PRINC	CIPAL RESIDENCE OF THE OWNER? $\Box$ YES $\Box$ NO	
Applicant Name (Print)	Date		
Applicant Signature			
	TO BE COMPL	ETED BY OFFICE	
DATE RECEIVED:		DATE OF INSPECTION:	
CONFIRMED DAYTIME OCCUPANCY:		CONFIRMED OVERNIGHT OCCUPANCY:	
PAYMENT TYPE:		DATE APPROVED:	
INSPECTION NOTES:			
<b>Building Official Signature</b>			



## City of Clear Lake Shores Hotel Occupancy Tax Quarterly Remittance Form

Report for o	quarter Ending:	
Taxpayer ID #:	Taxpayer Name:	
Business/Trade Name:	Phone #:	
Mailing Address:		
Physical Address:		
Pursuant to Chapter 74- Taxation, A	Article VI – Hotel Occupancy Tax of the Clear Lake Shores Municipal	Code.
. •	e due on or before the last day of the month following the Cuary $31^{st}$ , April $30^{th}$ , July $31^{st}$ and October $31^{st}$ )	uarterly period
1. Total Taxable Receipts for	or the Quarter	
2. Total Tax Due (7% of Lin	e 1)	
3. Reimbursement: If paid	on or before due date and Hotel does not receive a tax reba	te.
Reimbursement calculation	n (1% of Line 2)	
4. Late charge if filed or pa	id after due date	
Late charge calculation (15	% of Line 1)	
5. Interest if not paid withi	n 15 days of due date	
Interest calculation (1% pe	r month of Lines 2 and 4)	
6. Total tax due and payab		
	, certify that the above information is true and correct, t	
my knowledge and belief, as sho	own in the records of (name of bu	siness)
Please Make Check Payable To:		
City of Clear Lake Shores	Signature	
City Secretary – HOT Tax		
1006 South Shore Dr.	Title	
Clear Lake Shores, TX 77565		

Date



### CITY OF CLEAR LAKE SHORES

1006 South Shore Drive Clear Lake Shores, Texas 77565 Office: 281-334-2799 Fax: 281-334-2866

### **STR Inspection Checklist**

Short term rentals units are subject to inspection prior to issuance of a short-term rental operation permit. The inspection will include compliance with the 2018 Life Safety Code, 2018 International Fire Code, International Residential Code, and all applicable City of Clear Lake Shores Code of Ordinances. Contact the Building Department at 218-334-2799 Ext. 208 for information and to schedule an inspection.

Address numbers clearly visible - 2018 IFC 505
Portable fire extinguisher installed – 2018 IFC 906
Smoke and CO detector alarm installed – 2018 IRC R-314 & 315
Emergency egress escaped are adequate – 2018 IRC R-310
Entry/exit door acceptable – 2018 IRC R-311
Electrical panel labeled and in good order – 2018 IFC 604
GFCI receptacle where required – 2018 IRC E-3902
Extension cords/multi-plug adapters removed – 2018 IFC 604.5
No exposed electric wires – 2018 IFC 604
Emergency evacuation plan posted – 2018 IFC 404
Water heater in good working order – 2018 IRC P-2801
Applicable City Ordinances, to include zoning, sanitation, signs,
STR, and all adopted building and property maintenance codes.

The City of Clear Lake Shores has adopted the 2018 International Codes, City of Clear Lake Shores Ordinance Chapter 14, Appendix A – Signs as found in the City of Clear Lake Shores Code of Ordinance. Inspection requirements are subject to change based on applicable building code.